

SEP 13 2004

# TRANSMITTAL FORM

Attorney Docket No.  
**RPS920000066**  
**1818P**

In re the application **DAYAN et al.**

Confirmation No: **7968**

Serial No: **09/689,460**

Group Art Unit: **2134**

Filed: **October 12, 2000**

Examiner: **Heneghan, Matthew E.**

For: **Method and System for Booting Up A Computer System In A Secure Fashion**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<b>RECEIVED</b> <b>SEP 15 2004</b> <b>Technology Center 2100</b>	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from September 7, 2004 to September 8, 2004.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

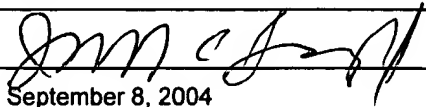
## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	51	30	21	\$18.00	\$ 378.00
Independent Claims	4	2	2	\$86.00	\$ 172.00
				Total Fees	\$ 550.00

## METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check No. 08088 in the amount of <u>\$110.00</u> for one month extension fee.
<input checked="" type="checkbox"/>	Charge extra claim fee in the amount of <u>\$550.00</u> to Deposit Account No. <u>50-0563</u> (IBM Corporation)
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 8, 2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 8, 2004	
Type or printed name	Saundra D. Hunter
Signature	